

## THE TUNBRIDGE WELLS LOCAL BOARD AND MR. BISBROPP.

On Thursday, February 1st, in the Common Pleas Division, before Justices Grove and Denman, the case was tried of the Tunbridge Wells Local Board appellants *v.* James Bisbropp, a surgeon practising in the district. This case was noticed in the BRITISH MEDICAL JOURNAL for August, 1876. The magistrates refused to convict, and the Board of Guardians appealed; and the judges now confirmed the decision of the magistrates. We have never seen a more astonishing charge than this. As Mr. Justice Denman observed, "the sufferer was driven from pillar to post, owing to a crotchet of the assistant-clerk as to the mode of filling in a certificate; and, when the poor man came to the doctor a second time for advice, the doctor walks with him himself until he secures the necessary order for admission into the hospital". The course which the Board have taken appears to us to involve, not only a scandalous injustice to Mr. Bisbropp, whose conduct throughout was most humane, thoughtful, and kind, but an abuse of authority and a waste of public money for the purpose of capricious oppression, for which they should be severely called to account by their constituents, and which cannot be too strongly condemned by the public opinion of the locality. Such a proceeding must, we think, excite the just and hot indignation of the ratepayers of Tunbridge Wells. It certainly affords but little encouragement to any medical man to put himself out of the way to endeavour to assist the machinery of the law and to protect the public health of the neighbourhood.

## SPECIAL CORRESPONDENCE.

## PARIS.

[FROM OUR OWN CORRESPONDENT.]

*M. Sée on Salicylic Acid in Rheumatism.—Repair of Divided Tendons.—Coton Hydrophile.—Effects of Fuchsine.*

IN my last, I referred to Professor Sée's practical views in therapeutics, and to his readiness, though with a certain amount of circumspection, to adopt any new invention or discovery in medicine. It is thus, after having given it a fair trial, that he has come to the conclusion that the use of the cold bath in typhoid fever is not only useless, but dangerous. He has prescribed salicylic acid, in a variety of cases, in his ward at the Hôtel Dieu; and the following is the result of his experience, which he lately gave in a clinical lecture. As an antipyretic, salicylic acid has an action very inferior to that of digitalis and quinine; it produces a diminution of the temperature in a manner less marked and less constant. The only affection in which it has, up till now, given any satisfactory results is acute articular rheumatism. But, in prescribing the remedy, M. Sée experienced some difficulty in its administration, owing to its imperfect solubility. He, therefore, prescribed it in powder, in doses of half a gramme, or about eight grains, every hour, enveloped in wafer-paper, of which the patient took twelve doses a day. This, M. Sée considers the best mode of administering the remedy, owing to its disagreeable taste. If, however, the patient cannot swallow it in this way, the physician must have recourse to the liquid form, in which case he must remember that it is soluble in alcohol, but very slightly so in water. To obviate this difficulty, the salicylates of soda and of lime have been adopted; but their therapeutic properties are not identical with those of salicylic acid. There is scarcely any drug in the whole *Pharmacopœia* whose elimination from the system is more rapid than that of salicylic acid or its preparations; its presence may be detected in the urine within a few minutes of its ingestion, and this may be done by the addition to the latter of a few drops of a very weak solution of the perchloride of iron, which produces a precipitate of a beautiful deep violet colour. In consequence of the rapid elimination of the drug, it is necessary to administer it in small doses, and at short intervals, about every hour, for instance. The subjects experimented on were five in number, all suffering from subacute rheumatism, affecting only a few of the large joints. In all five, the pain and swelling disappeared on the second day after the administration of the drug. In one of the five, the acid was stopped on the fourth day, the patient appearing cured, but he had a relapse the next day; the treatment was renewed, which produced a complete cure. None of the patients had any cardiac complications. Two of them evinced some degree of intolerance of the drug, as indicated by continued cephalgia, insomnia, ringing of the ears, symptoms resembling those produced by the sulphate of quinine, the best medicinal agent that has as yet been discovered to combat the various manifestations of rheumatism. Bearing in mind the intimate connection between rheumatism and chorea, Professor Sée was naturally

led to test the efficacy of salicylic acid in the latter affection. A case presented itself at his *clinique*, in a young girl aged 17, affected with chorea, which, however, was very slight. He submitted the patient to the same treatment as that for the rheumatic cases; but, on the second day, he was obliged to stop the medicine, owing to the occurrence of headache, ringing in the ears, and some fever, of which it was impossible to trace the cause. In concluding his lecture, Professor Sée observed "that the results obtained until now, from the administration of salicylic acid in rheumatism, are satisfactory; however, they must not be exaggerated. It should be remembered that the five patients referred to above were affected with rheumatism of a subacute type, and limited to a small number of joints. Before pronouncing definitely, the effects of the salicylic acid should be observed in subjects affected with acute articular rheumatism, accompanied with well marked febrile symptoms". He, therefore, withholds his judgment until he has given the new remedy a further trial.

At a recent meeting of the Société de Chirurgie, a discussion took place as to the advisability or otherwise of enlarging the wound in a limb in cases where the tendons have been severed, in order to approximate the cut ends and endeavour, by means of sutures, to obtain union by the first intention. This is the practice adopted by most surgeons in and out of France; but MM. Duplay, Tillaux, and Terrier are of opinion that it is not absolutely necessary that the cut ends of a tendon should be brought into contact; that, for all practical purposes, it is sufficient to graft them, as it were, to the neighbouring tendons having similar actions or nearly so, and thus save the patient the torture of having his limb dissected by the surgeon in search of one or other of the cut ends of a tendon. With respect to the hand, these gentlemen have been successful with this mode of treatment; but it is only the lower or peripheric portion of the tendon that could be dealt with in this way, as it is more superficial. Then the question arose as to what became of the upper retracted portion, to which MM. Tillaux and Terrier replied that, in superficial wounds, adhesion takes place between the tendon and the skin, and motion is thus restored; but, when the wounds are deep, the cut ends should be drawn as near as possible by proper manipulation and dressing, and the cure may be effected by the immediate union of the tendons without any adhesion of the skin. [Sir James Paget long ago described the process of union between the separated ends of divided tendons by the effusion and organisation of plastic matter. See his *Surgical Pathology*, third edition, pp. 197 et seq.—ED. B. M. J.]

At the same meeting, a report was read on the properties of a prepared cotton, to which the name of "coton hydrophile" was given. It is intended to replace the time-honoured charpie of the French hospitals. The report states that it is simply cotton cleaned and steeped in a solution of soda, in the proportion of one to four parts; and this is allowed to dry without any twisting or pressure. In this way, the cotton becomes hydrometric, and would be preferable to the charpie, as the latter is more expensive and takes a long time to prepare; but I doubt whether the new cotton will be adopted in this country, as the French have a strong prejudice against this substance, whether for surgical purposes or for wearing apparel.

It has hitherto been supposed that the toxic effects of arsenical fuchsine was due to the presence of the arsenic, and that the fuchsine was inoffensive; but MM. Feltz and Ritter have endeavoured to prove, in a paper that was lately read before the Academy of Sciences, that fuchsine by itself possessed toxic properties. By experiments on dogs, they have shown that, by introducing into the stomach or injecting extremely small quantities of non-arsenical fuchsine into the veins, the colouring matter was principally eliminated by the kidneys; this was invariably accompanied by the presence of albumen and granulo-fatty cylinders in the urine, and, after death, the cortical substance of the kidneys was found diseased.

## ASSOCIATION INTELLIGENCE

## MIDLAND BRANCH.

THE fourth monthly meeting of this Branch will be held at the house of the President, Joseph White, Esq., Oxford Street, Nottingham, on Friday, February 16th, 1877.

Coffee at 7.30 P.M.

A paper by G. C. Franklin, F.R.C.S., of Leicester, on the Autumn Diarrhoea of Infants, at 8.30 P.M.; to be followed by Reports of Cases by H. R. Hatherly, L.R.C.P. Edin.

L. W. MARSHALL, M.D., Hon. Local Secretary.

Nottingham, February 7th, 1877.

## SOUTH DEVON AND CORNWALL BRANCH.

THE next quarterly meeting of this Branch will be held at the Atheneum, Plymouth, on Tuesday, February 13th, at 3 P.M.

Members who have any paper to read, or communication to bring before the Society, are requested to send the title at once to the Secretary.

Mr. E. H. Edlin has given notice of the following proposal:—That no member of the South Devon and Cornwall Branch be eligible for any office unless he has been a member of the British Medical Association at least two years.

Dinner will be provided at the "Duke of Cornwall" Hotel, at Five o'clock, at 7s. 6d. per head, exclusive of wine. Members intending to dine will kindly give the Secretary at least two days' notice.

WM. SQUARE, F.R.C.S., *Honorary Secretary.*

Plymouth, February 3rd, 1877.

## STAFFORDSHIRE BRANCH.

THE second ordinary meeting of the Session will be held at the London and North Western Hotel, Stafford, on Thursday, February 22nd, 1877, at 2.30 P.M.

VINCENT JACKSON, Wolverhampton. } *Honorary Secretaries.*  
RALPH GOODALL, Silverdale.  
Wolverhampton, February 6th, 1877.

## BATH AND BRISTOL BRANCH.

THE fourth ordinary meeting of the Session will be held at the York House, Bath, on Thursday evening, March 1st: H. F. A. GOODRIDGE, M.D., President.

R. S. FOWLER, Bath. } *Honorary Secretaries.*  
E. C. BOARD, Clifton.  
Bath, February 7th, 1877.

## CORRESPONDENCE.

## ANIMAL VACCINATION.

SIR,—In a letter addressed to you recently (see BRITISH MEDICAL JOURNAL, February 3rd, p. 148), Dr. H. D. Palmer solicits information as to the best means of obtaining and cultivating animal lymph.

All these indications are contained in the pamphlet which I had the honour to forward yesterday to your JOURNAL as well as to Dr. Palmer, and of which I shall be happy to offer copies to any of my colleagues in England on their application.

Dr. Palmer observes, most justly, that the actual price of animal vaccine is beyond the means at the disposal of public vaccinators. This must be the case so long as the Government does not undertake to defray the expenses necessary to the cultivation of animal vaccine, which exacts, on the part of those who have the management of it, time, constant care, and experience.

In Belgium, the Vaccine Institution costs the State about £500 per annum. By these means, the Government supplies *gratuitously* the animal vaccine in tubes or on points (the latter are preferable, as the vaccine so prepared keeps better and appears to be more efficacious) to the communal administrations of all the localities where there are no doctors, and also to all the members of the medical profession in this country *every time they require it for the renewal of their stock of lymph.*

—Yours faithfully,  
E. WARLONONT.  
Brussels, February 5th, 1877.

## APOPLEXY AND DRUNKENNESS.

SIR,—In the valuable leading article in last week's BRITISH MEDICAL JOURNAL, with the title "Apoplexy and Drunkenness", you have directed attention to the great difficulty, and indeed, in some cases, the impossibility, of distinguishing between the effect of intracranial haemorrhage, or an epileptic discharge, and intoxication. No one can have held the post of medical officer to a large hospital without having frequently felt himself in doubt as to the cause of the semi-comatose or excited state of a patient picked up in the street, and concerning whom no reliable information can be obtained. The smell of drink, as pointed out in the article, is a most fallacious guide, yet many medical men fall into the trap. Another point of still greater importance, to which you have drawn attention, is the performance of extremely complex actions by persons the subjects of intracranial haemorrhage. The case I have to relate is a remarkable one, and illustrates your article. I did not see the patient in question, but I had to

inquire into the circumstances at the time, and though I cannot lay my hands on the notes made then, the leading circumstances are very firmly fixed in my memory.

About five years ago, during the pantomime season, a clown of some little celebrity, who was performing at the Pavilion Theatre, was brought to the London Hospital by several companions. They stated that he had been taken ill and had had a fit during the afternoon in the performance of the pantomime. He was brought to the hospital in the full "make up" of his character; the effect of which when near to him in daylight, was very startling and "garish". He was restless and, I believe, threw himself about. There was considerable facial spasm or contortion, but this was so disguised by his paint as to result in ludicrous grimaces. It was like the case of the hero of Victor Hugo's "L'Homme qui rit"; the greater the agony he suffered and the more earnest he became, the more hideously grotesque was the expression of his face. It was thought, and the mistake was not unnatural, that he was playing a practical joke and feigning "having a fit", or else that he was drunk. Strong shocks were given with a rotatory magnetic induction machine. These had the effects of at first increasing the contortions, but afterwards of rousing him to a certain degree of consciousness. He became able, I believe, to give his name, and eventually, assisted by his companions, *he walked out of the hospital*, the nurse, however, noticing that he dragged one leg. He was taken to the theatre in a cab, where he remained seated some time. Later, he was taken home in a cab. On the journey, they called at a friend's house, and he took a cup of tea whilst seated in the cab. Soon after reaching home, he became more unconscious, and after remaining in a state of deep coma for many hours, died. The necropsy revealed a large meningeal haemorrhage.

Surgeons are familiar with the fact that in arachnoid haemorrhage arising from a fissured fracture of the skull, the symptoms of pressure may come on very gradually, and that some interval may elapse before they make their appearance. Such cases are not unfrequently sent out of the hospital as "lacerated scalps", to return the next day comatose or hemiplegic. Post epileptic mania or excitement, again, may very readily be confounded with drunkenness. These cases show, as you say, how difficult it is, even for medical men, to diagnose between some forms of mental disturbance, and how unfit the police must necessarily be to form an accurate opinion in a case. Prudent practitioners and medical officers of institutions will tend such doubtful cases carefully, and allow time to make the diagnosis for them.—I am, etc.,

STEPHEN MACKENZIE, M.D.

Finsbury Square, January 29th, 1877.

SIR,—I am glad to see you have taken up the question of the treatment by the police of supposed cases of drunkenness which come under their notice.

As one of the cases you quote was that of a respectable inhabitant of this town, you will perhaps allow me to make a few remarks upon it. It was proved at the inquest that Mrs. Francis had not taken anything of an intoxicating nature. But, even if it had been shown that she had done so, I hold, as you yourself put it in this week's leading article, that all cases of total or partial insensibility coming under police notice should on no account be allowed to remain for any length of time without being visited by a medical man. There can be no doubt that, although a large majority of the cases may be pure and simple intoxication, which recover, if left alone, there is yet a percentage of cases which require medical treatment, and in which the delay of a few hours in providing such treatment may make the difference between life and death.

It is on behalf of this unfortunate class of cases necessary that the attention of the legislature should be called to the present grievous defect in our police arrangements, and to the urgent need of an order being given that all such cases should be seen by a medical man.

I am, yours faithfully, GEORGE D. BROWN.  
Ealing, January 27th, 1877.

## THE ABUSE OF MEDICAL CHARITIES.

SIR,—As the statement which we asked for in a previous letter extends over two and a half columns of the JOURNAL, it may be useful, before making any further remarks on the subject, briefly to summarise the proceedings of the Committee of Council with reference to it.

Having received in April 1875, a memorial from some three hundred members of the Association, many of them not altogether unknown to fame, asking the President and Committee of Council, as the highest authorities in the Association, to take "this important subject" into their consideration, the Committee of Council resolved—(1) That the memorial be presented at the annual meeting, with the suggestion that

10. Funeral horse trappings; needlessly distinctive uniform.
11. No increase in retired pay or pay of senior officers.
12. No staff forage cap.
13. Too few good service pensions and honorary distinctions.
14. No bonus to stimulate twenty years' retirement; £100 should be given to officers invalided and broken down by ill health after this service.

The gains to the service have been the curtailment of the duration of appointments in the administrative ranks; the abolition of the band and mess subscriptions; and the twelve years' promotion; all undoubted steps in the right direction.

The department should be embodied into a "Royal Corps" under the Director-General, with a salary of £2,000 *per annum* attached to the office, and the rank of Lieutenant-General.

#### MILITIA SURGEONS.

SIR.—Two letters have lately appeared in your JOURNAL to the effect that militia surgeons have no real grievances (although it happens that they are deprived of nearly all their pay), and, in fact, taking the part of Government against their own professional brethren. There is an old motto, that unity is strength; and it is quite clear that, if we allow ourselves to be eaten up with jealousy of each other and influenced by calculating as to some infinitesimal amounts of taxation that might fall to our lot on account of just compensation being given to medical men for loss of appointments, we will never get anything. If one man who will only attend patients with guinea fees and courtesy accorded to him is to be in constant competition with some one else who will take kicks and half-a-crown, the raising of the status of the whole profession is next door to hopeless.—Yours, etc.

NOT A MILITIA SURGEON.

ARMY MEDICAL SERVICE.—List of Army Medical Candidates who were successful at both the London and Netley examinations, having passed through a course of instruction at the Army Medical School, Netley, February 1877.

	Marks.		Marks.
1. Allin, W. B. ..	5360	18. Laffan, G. ..	3402
2. Ryan, M. R. ..	4896	19. Bourke, U. J. ..	3397
3. Reynolds, E. O. ..	4570	20. Robinson, R. ..	3146
4. Robbins, H. J. ..	4546	21. Lamprey, J. J. ..	3072
5. Morris, G. G. ..	4474	22. Allen, W. H. ..	3050
6. Hayes, A. E. ..	4333	23. Gunning, R. C. ..	3010
7. Williamson, J. F. ..	4270	24. Russell, G. M. ..	2945
8. Carey, J. T. ..	4236	25. Cotton, H. ..	2910
9. Rainsford, W. J. ..	4183	26. Hunt, J. P. ..	2893
10. Boulger, J. ..	4103	27. Peyton, J. S. ..	2882
11. Tuthill, P. B. ..	4015	28. Carleton, A. W. ..	2878
12. Boyd, T. ..	3930	29. Hughes, G. A. ..	2766
13. Johnston, P. H. ..	3896	30. Keith, A. C. ..	2861
14. Murchison, F. ..	3625	31. Brodie, J. ..	2685
15. Emerson, J. B. ..	3482	32. Eager, F. G. L. ..	2662
16. Hewett, A. ..	3480	33. Large, B. W. ..	2478
17. Roche, E. A. ..	3477		

NAVAL MEDICAL SERVICE.—List of naval medical candidates who were successful at both the London and Netley examinations, having passed through a course of instruction at the Army Medical School at Netley, February 1877.

	Marks.		Marks.
1. Henwood, J. D. ..	4725	11. Armstrong, G. W. ..	3844
2. Walsh, H. W. D. ..	4657	12. Kellett, L. H. ..	3386
3. McSwiny, M. O'C. ..	4571	13. Daw, J. C. ..	3422
4. Cuppy, H. B. ..	4452	14. Newland, C. F. ..	3325
5. Connell, J. J. ..	4427	15. Barcroft, P. J. ..	3230
6. Mugleston, T. C. ..	4405	16. Twigg, G. D. ..	3197
7. Williams, T. E. H. ..	4045	17. Fogerty, G. J. ..	2960
8. Williamson, F. ..	3897	18. Bookey, W. J. B. ..	2810
9. Murdoch, R. ..	3880	19. Browning, J. N. ..	2707
10. Rae, W. M. ..	3850	20. Corcoran, L. W. ..	2460

INDIAN MEDICAL SERVICE.—List of Indian medical candidates who were successful at both the London and Netley examinations, having passed through a course of instruction at the Army Medical School at Netley, February 1877.

	Marks.		Marks.
1. Moorhead,* J. ..	5638	7. Eaton, G. B. ..	4525
2. Beaton, C. H. ..	5393	8. Eyre, M. S. ..	4505
3. Owen, C. W. ..	5060	9. Channer, G. H. ..	4490
4. Griffiths, G. S. ..	5000	10. Young, E. W. ..	4465
5. Grant, P. M. ..	4966	11. McCalman, H. ..	4350
6. Lee, W. A. ..	4934	12. Ross, D. R. ..	4368

\* Gained the Herbert and Martin Memorial Prizes.

#### MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, February 1st, 1877.

Godfrey, Charles Walter, The Hundred, Romsey

Langdon, John Winkley, Chester

Meek, John William, Macclesfield

The following gentlemen also on the same day passed their primary professional examination.

Beard, Spencer Francis, Sheffield Infirmary  
Crouch, Edward Thomas, Guy's Hospital  
Deakin, James, Owens College, Manchester  
Eliot, George, Westminster Hospital  
Hepburn, David, Middlesex Hospital  
Low, Charles Arthur, London Hospital  
Sharples, C. William, Middlesex Hospital  
Smith, F. Clarence, University College  
Stewart, Frederick George, Guy's Hospital

At the Preliminary Examination in Arts, held at the Hall of the Society, on the 26th and 27th of January, 1877—97 candidates presented themselves; of whom 37 were rejected, and the following 60 passed, and received certificates of proficiency in general education—viz., in the First Class, in order of merit:

1. C. E. Paget and E. Tomlinson. 3. A. L. Copney, H. Greiffenhausen, and R. A. Palmer. 6. G. N. Stephen. 7. C. G. Colville, J. M. France, J. P. Myles, and H. L. Swinson.

In the Second Class, in alphabetical order:

H. L. Albert, G. T. Bates, D. M. Barry, W. C. Beatley, W. B. Benjafield, H. Blackburn, G. A. Branson, E. C. Bray, H. W. A. Burke, J. M. Carvell, H. R. Colborne, C. V. Cotterell, S. J. A. Cotterell, D. R. Davies, E. Davis, F. S. Earle, T. Edwards, A. W. Fairles, J. B. Goodridge, C. H. Greet, E. Harvey, J. P. Hayes, J. W. C. Herbert, H. Holcraft, R. L. Holland, R. Holton, G. Jones, C. H. Lamerle, H. Ley, A. Livingston, D. H. G. Maclean, E. D. Minter, J. D. Maloney, C. A. Morton, G. H. Moxon, W. A. Nutt, Y. O'Keefe, C. Pound, L. O. L. Raymond, W. B. Skelton, D. J. Slater, W. H. Stephens, H. B. Strong, E. C. H. Van Buren, F. J. Walker, H. Webb, T. A. Wise, T. Whitaker, G. C. Wilkin, and J. Woodgate.

#### MEDICAL VACANCIES.

THE following vacancies are announced:—

BIRMINGHAM GENERAL DISPENSARY—Resident Surgeon. Salary to commence at £130 per annum, with allowance for cab-hire, and furnished apartments, lights, and attendance.

DENTAL HOSPITAL OF LONDON, Leicester Square—Dental House-Surgeon. Applications to be made on or before the 14th instant.

DOKSET COUNTY HOSPITAL—House-Surgeon. Salary, £70 per annum, with £50 as Secretary. Applications to be sent in on or before the 21st instant.

COVENTRY and WARWICKSHIRE HOSPITAL—House-Surgeon. Salary, £100 per annum, with board, lodging, and attendance. Applications to be sent on or before the 24th instant.

DENBIGHSHIRE INFIRMARY—House-Surgeon. Salary to commence at £68 per annum, with board, washing, and residence.

HOSPITAL FOR WOMEN, Soho Square—House Physician. Applications to be made to David Cannon, Esq., Secretary.

KENT COUNTY LUNATIC ASYLUM, Barming Heath. Second Assistant Medical Officer. Salary, £150 per annum, with furnished apartments, etc. Applications to be sent in on or before the 16th instant.

LEIGHTON BUZZARD UNION—Medical Officer. Salary, £250 per annum, and vaccination fees. Applications to be sent in on or before the 13th instant.

MALDON UNION—Medical Officer for the All Saints' District. Salary, £80 per annum, and fees. Applications to be sent in on or before the 12th instant.

MANCHESTER PROVIDENT DISPENSARIES' ASSOCIATION—Resident Medical Officer. Salary, £120 per annum, and private practice allowed.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC—Resident Medical Officer and Registrar. Salary, £100 per annum, with board and lodgings.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney—Assistant Physician.

ST. GEORGE'S (Hanover Square) PROVIDENT DISPENSARY—Second Surgeon. Applications to be made on or before February 10th.

ST. MARY, LAMBETH, PARISH—Medical Officer for the Tenth District.

WESTBOURNE PROVIDENT DISPENSARY and MATERNITY—Resident Medical Officer. Salary, £100 per annum, and unfurnished apartments, coals, gas, and attendance. Applications to be sent in on or before the 17th instant.

WILTON UNION—Medical Officer for the Wilton District and Workhouse.

#### MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

\*BAKER, Albert, M.D., appointed Honorary Medical Officer to the Dawlish Dispensary.

\*BAKER, A. d. Winter, L.R.C.P. Lond., appointed an Acting Medical Officer to the Dawlish Dispensary, *vice* \*A. Baker, M.D.

PRICE, Henry Elthington, B.Sc., M.R.C.S.Eng., appointed House-Surgeon to the London Hospital.

#### BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 3s. 6d., which should be forwarded in stamps with the announcement.

#### BIRTHS.

\*DAVSON.—On February 3rd, at Mount Galpine, Dartmouth, the wife of \*F. Adams Davson, M.D., of a daughter.

MIDDLEMISS.—On January 25th, at Darlington, the wife of \*G. Middlemiss, L.R.C.P. Ed., of a son.

NORTON.—On January 19th, at 8, Redcliff Hill, Bristol, the wife of \*John A. Norton, M.D., of a son.

HUNTERIAN SOCIETY.—The members of this Society will dine together at the Albion Tavern, on Friday, the 16th instant.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY..... Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.

TUESDAY..... Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—National Orthopaedic, 2 P.M.

WEDNESDAY.. St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—King's College, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.

THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—St. Thomas's (Ophthalmic Department), 3 P.M.—Charing Cross, 2 P.M.—

FRIDAY..... Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.—Guy's, 1.30 P.M.

SATURDAY.... St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—East London Hospital for Children, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 9.30 A.M. and 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Dr. Woakes, "On some Sympathetic Ear-symptoms"; Dr. Thorowgood, "Two Cases of Cirrhosis of the Liver, with remarks".

TUESDAY.—Royal Medical and Chirurgical Society, 8 P.M.; Ballot, 8.30 P.M.: Mr. Henry Morris, "On Dislocations of the Thigh, their Mode of Occurrence as indicated by Experiments, and the Anatomy of the Hip-joint".

WEDNESDAY.—Hunterian Society, 7.30 P.M.: Annual Meeting for Election of Officers, 8 P.M.: Oration by Dr. Moxon.—Epidemiological Society, 8.30 P.M. The adjourned discussion on Dr. Smart's paper on Dengue.

THURSDAY.—Harveian Society of London, 8 P.M. Dr. G. de Gorreque Griffith, "On Faecal Collections simulating Utero-Ovarian Disease"; Mr. Osman Vincent, "On the Anatomy, Pathology, and Treatment of Knock-knee".

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, are requested to communicate beforehand with the printer, Mr. Thomas Richards, 37, Great Queen Street, W.C.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with *Duplicate Copies*.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

COMMUNICATIONS respecting editorial matters, should be addressed to the Editor, 37, Great Queen Street, W.C.; those concerning business matters, non delivery of the JOURNAL, etc., should be addressed to the General Manager, at the Office, 36, Great Queen Street, W.C., London.

## THE HASTINGS PRIZE MEDAL.

In reply to the inquiries of several correspondents, we beg to give the following information.

1. It is expected that the Hastings Medal will be awarded at the next meeting of the Committee of Council, which will probably be held in the second week of April.

2. It is under consideration to substitute for the Hastings Prize an Address to be given at the Annual Meeting.

3. The Hastings Medal has been awarded five times since its institution: viz.: 1864. To J. L. W. Thudichum, M.D. Subject of essay, "Urochrome, the Colouring Matter of the Urine".

1865. T. Herbert Barker, M.D. Subject of essay, "Deodorisation and Disinfection".

1866. Furneaux Jordan, Esq. Subject of essay, "Shock after Operations and Injuries".

1870. J. Milner Fothergill, M.D. Subject of essay, "Digitalis: its Mode of Action and its Use".

1873. Lawson Tait, Esq. Subject of essay, "The Pathology and Treatment of Ovarian Diseases".

## KENT NURSING INSTITUTION.

SIR.—Will you oblige me by bringing the Kent Nursing Institution to the notice of the profession in Kent? The Institution is doing good work, but is at present maintained principally by voluntary subscriptions. Nurses can be had upon reduced terms upon the assurance that the parties are in necessitous circumstances.

—I am, your obedient servant,

West Malling, February and, 1877.

SAMUEL PRALL.

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to Advertisements, changes of address, and other business matters, should be addressed to Mr. Francis Fowke, General Secretary and Manager, at the Journal Office, 36, Great Queen Street, W.C., and not to the Editor.

## INEFFICIENCY OF LYMPH FROM A REVACCINATED PERSON.

SIR.—Your correspondent H. J. calls upon Dr. F. Brown to give the evidence upon which the assertion is based that lymph from revaccinated persons is useless. He will find such evidence in a paper printed in the *Lancet* for 1871, vol. ii, page 157. Dr. J. B. Barbour, the then Physician to the Metropolitan Fever Hospital at Stockwell, contributed the paper in question, which reported an outbreak of small-pox amongst ten persons, who were patients of one and the same medical man, and all of whom had been recently revaccinated by him. They all showed cicatrices of the secondary vaccination, and had had, to all appearances, "good arms". It was then found to be the practice of this medical man to vaccinate with lymph taken from vesicles produced by revaccination. Although these ten revaccinated cases occurred in the practice of this particular gentleman, there was not, remarks Dr. Barbour, a single case of small-pox following a successful recent vaccination by any other medical man admitted into the Stockwell Hospital prior to 1871, when Dr. Barbour's paper was written; and by that date, it will be remembered, the epidemic of 1871 was already declining. Dr. Barbour's communication would seem to prove that "secondary" lymph, if it may be so termed, is worse than useless. It beguiles the patient into a false sense of security, whereas he is not properly protected from small-pox.—Yours, etc.,

M.B., F.R.C.S.

## SUPPLY OF VACCINE MATTER.

SIR.—I see by various communications to you that there seems to be a want for vaccine matter. I beg to say that I will supply it by post at sevenpence per tube, same as I use for my own patients, to any medical practitioner. Stamps to be enclosed with note of application.—I am, sir, your obedient servant,

JOHN MARTIN, Senior Physician Belfast Dispensary.

9, Clarence Place, Belfast, February 2nd, 1877.

## ULCERATED LEG.

SIR.—The very excellent paper on ulcerated leg in the JOURNAL of Jan. 13th, by Mr. Cochran, reminds me of one that came under my notice many years ago. A stonemason, young, and otherwise in good health, applied to me to cure a sore leg which had troubled him for some months, caused by whisky and constant standing. My efforts even to relieve him completely failed, and he left me, returning some months later to know what he was to do, as he could work no longer. At that time, his leg, from knee to instep, was one great ulcer; the skin had entirely disappeared; the muscles were wasted to that degree that one was surprised not to see the tibia sticking out along its whole course; and beneath the thin purulent discharge, the whole leg was covered with large deep red granulations. By my advice, he entered a hospital, where I saw him placed, and heard nothing more of him for several months, when one day he walked into the surgery perfectly cured. His history was this. After vainly pursuing several methods of cure, the surgeons proposed, as the last and only resort, amputation. He objected, and left the hospital, returning to the quarries, where a blacksmith lived who cured "sore legs". For a fee of a bottle of whiskey, paid down, and another when the cure was effected, he was taken in hand, laid on his bed, and poulticed thrice a day with linseed-meal, on which was spread a thick coating of acetate of lead. In three months his leg was perfectly well; the most astonishing part of the cure being, that the skin was restored exactly the same as that on the other leg. In gratitude, he said, for my attention to him, he came to tell me of his recovery and its cause, for which I was very grateful to him. Such legs, even of less severity, are seldom seen now, but they must occasionally occur.

I beg permission to add another surgical case, which may act as a warning to young practitioners. A young lady, coming down some wooden steps, slipped on the last and fell, having, as she thought, broken her leg. The pain was so severe, that the best surgeons in the town were immediately at her bedside, and the injury was pronounced to be a mere strain; and leeches, poulticing, etc., were on for many weeks without relief. She could not put even her toe to the ground without agony. She came to London, and was attended by Sir Astley Cooper, Mr. Abernethy, and other great men, returning to Liverpool as bad as she went. But on her way home, it was suggested that she should try the Whitworth bone-setters or doctors near Manchester; and she was placed second on a long form in a shed, next to the consulting-room. On her admission, the room was occupied by Taylor and his daughter, a rough peasant girl, without shoe or stocking, who was present to translate her father's *patois* into modern English. He heard her tale, and, in the gentlest manner, examined her foot; then, getting it between his legs, exactly as if he were shoeing a horse, he gave it a wrench, the pain of which was as nothing to the instant relief she felt from her sufferings. The cure was so instant and complete, that she walked to her carriage. The fee to the doctor was either twopence or fourpence, I forget which.

While in full practice abroad, I once met with a precisely similar case, though in the shoulder, in which I failed, while two young ignorant lads, dragging the arm about, succeeded. Both were cases of partial dislocation.—I am, etc.,

J. W. MACKENNA, M.D.

## WAKES.

SIR.—I showed your article on the subject of "wakes" to an influential Roman Catholic priest. He informed me that the priests had been trying all they knew to oppose them, but everything they could say and do was perfectly useless.—Yours truly,

G. E. CORRIE JACKSON, L.R.C.P.

Poland Street, Feb. 1877.

\* \* The influence of the priest is very great with the Catholic poor, and we should hope much from the general persistent effort to abolish a practice full of injury to the public health, not to speak of other mischiefs.

AN OLD MEMBER.—Mr. John Birkett, the senior Vice-President, will in all probability succeed Mr. Prescott Hewett as President of the College of Surgeons in July next. Mr. Birkett, who is the Government Inspector of Provincial Medical Schools, was admitted a member of the College October 6th, 1837, and is one of its Honorary Fellows. He obtained the Jacksonian Prize in 1848 for his essay on *Diseases of the Mammary Glands, Male and Female*. The other Vice-President is Mr. John Simon, F.R.S. The election takes place soon after the annual election of Fellows into the Council.

## THE ROYAL NATIONAL HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, VENTNOR.

SIR.—Considering the limited accommodation at this invaluable hospital, and the large number of patients in various parts of the country who often have to wait several weeks before their turn for admittance arrives, many of whom would be benefited by an immediate residence in Ventnor or neighbourhood, and by the delay (which at present is unavoidable) get rapidly worse in the polluted atmospheres of large towns, and who, when the order arrives for them to proceed to Ventnor, are quite unfit to undertake the journey. I should propose that arrangements should be made to enable such persons to reside in Ventnor until their turn arrives to go into the hospital. If another branch hospital were built where these patients could reside, and be under the care of the medical officers of the hospital proper until they could be admitted, I am persuaded it would be a great boon to many who are afflicted with consumption. Each patient could pay a certain sum per week for board and lodging, so as to cover the expenses of such a branch hospital. The above are only suggestions which, I think, should be favourably entertained by the governors of the hospital, and all who are interested in it.—I am, sir, yours faithfully,

H. A. ALLBUTT, L.R.C.P. Ed.,  
Hon. Local Medical Referee to the Consumption  
Sheepscar Street, Leeds, January 28th, 1877. Hospital, Ventnor.

## THE DOCTOR TO THE HIGHLANDS BOUND.

"ADIEU, Mayfair, with all thy faults,  
I dearly love thee still;  
Farewell to the golden guineas  
That flow into my till.  
Adieu, night-bell, that breaks my rest,  
And drags me out of bed,  
I'm off t' the Highland mountains  
To rest my weary head.  
My eyes are dim, I scarce can see,  
Or make out any face;  
When Mrs. Jones comes walking in,  
I say, "Just so, your Grace".  
Or if a Princess haps to call,  
And wants consultation,  
I say a word that sends her off  
In utter consternation!  
But when I'm safely in the train,  
I dream a dream of bliss;  
And think the carriage I love best  
Is that without the mis.  
Or if I waken with a start,  
And look both wild and worn,  
My wife with smiles soon smoothes me down,  
Saying, *Everybody's born*.  
Then, looking in her face, I see  
The light of other days,  
And think that I too long have lost  
Her sweet and gentle ways.  
I ask her to forgive me, and  
Think kindly now and then,  
As I've only been neglecting her  
For the wives of other men!  
And so on, whirling through the night,  
We reach our destination,  
And are received with joyous shouts,  
That need an explanation.  
I say, "My dear, what do I hear,  
These sounds of 'dear papa'?  
It's true that I possess all these,  
As well as their mama?"  
"Ah, yes", she says, with happy smile,  
And mischief in her eyes,  
"Thinking that you had quite forgot  
I plann'd a sweet surprise."  
"Oh, then, dear love, it must be true;  
What a charming little trick!  
I am much richer than I thought,  
With my quiver full of sick."

A COUNTY MEDICAL CLUB.—A conference was lately held at Ipswich of members of the medical profession in Suffolk, the object of the meeting being to consider the propriety of founding a County Medical Club. Sir Edward Harrison presided. It was decided to establish the club, and to divide the county into districts, a provisional committee being appointed to consider the necessary rules. [The above paragraph appeared in a daily paper: we should be glad to hear further particulars.]

## MEDICAL EVIDENCE IN THE LAW COURTS.

SIR.—The case of *Corrie v. Mayo*, concluded on Saturday, January 20th, in the Second Court of the Queen's Bench Division, has served once more to suggest the desirability of an alteration in the present system under which medical men are called upon to give evidence on scientific points which may be raised in the course of trials. At present, medical men are called in by the counsel on either side, and are virtually retained for the plaintiff or the defendant, a course which I cannot but regard as likely to hinder rather than to assist in the elucidation of what all wish to arrive at—the true view of the point at issue. My own experience, as a witness at this trial and on a previous occasion in another court, as to the difficulty of entirely freeing one's mind from the recollection of the interests of one's client, leads me to believe that it would be far better if the medical witnesses could be called, not by or in the interest of one side, but by both leaving the selection to the court if there should be any disagreement. It is always very difficult, under the present system, for a medical witness to be altogether unbiased when he goes into court with the knowledge that, whether it be openly admitted or not, he is in reality engaged to serve a distinct end and to support the line taken by the counsel on a particular side. To remedy this, it would be only needful for both parties to consent to call in the medical witnesses, who would then no longer consider themselves pledged, either tacitly or openly, to either side.

The larger question, whether, in important cases, such as that concluded on the 20th instant, it would be well for the judges to have the assistance of medical assessors, has been raised in the columns of the *Lancet*, and I will not ask you to enter into that part of this subject.—I remain, sir, yours faithfully,

42, Devonshire Street, Portland Place, W.

W. PUGIN THORNTON.

## CARDIAC MURMURS.

ROSENSTEIN, in Ziemssen's *Cyclopædia*, vol. vi, says: "What are the real causes of the cardiac murmurs? The investigations of Heynsius and Notlet are regarded as proving that the primary vibrations which take place in the blood itself are the real causes of the murmurs, and that the influence of tension and lateral pressure on these motions was nothing, while the influence of the rapidity of the stream was great. If the stream be only rapid enough, murmurs may be produced even in a glass tube of uniform diameter. Clinical experience also lays great weight on the rapidity of the stream. How shall we determine whether a murmur is endocardial or exocardial?" 1. Endocardial murmurs are exactly simultaneous with one or other of the cardiac sounds. The exocardial, on the other hand, are heard after or between both sounds, and hang behind. 2. The endocardial are of a various character, blowing, breathing, scratching or rasping, while the exocardial are always rasping, however much the intensity may vary. 3. Exocardial murmurs are generally heard at first over the base of the heart, afterwards at the apex and over its whole extent. Endocardial murmurs do not increase so much in extent, being more local and fixed. 4. Exocardial murmurs, if at all intense, can always be felt, which is not the case to such a degree with endocardial murmurs."

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Sheffield Daily Telegraph; The Londonderry Sentinel; The Lincolnshire Chronicle; The Liverpool Daily Courier; The Salford Weekly News; The Northern Echo; The Home Ruler; The Chatham and Rochester Observer; The Redditch Indicator; The Colonies; The Hampshire Telegraph; The Birmingham Daily Gazette; The Scotsman; The Edinburgh Courant; The Bridport News; The Liverpool Medical Enquirer; The Liverpool Porcupine; The Sheffield and Rotherham Independent; The Western Daily Mercury; The Macclesfield Courier; The Birmingham Daily Post; The North Wales Chronicle; The Broad Arrow; The Sunderland Daily Post; The Irish Times; The Australasian; The North and South Shields Gazette; The Liverpool Daily Post; The Bradford Observer; The Western Mail; The Leeds Mercury; The Hull Criterion; The Glasgow News; The Crewe Guardian; The Liverpool Critic; The St. Pancras Gazette; The Worcester Chronicle; The Oswestry Advertiser; The Glasgow Herald; The High Peak News; The Metropolitan; The Observer; The Home Chronicler; The Derbyshire Advertiser; The West Middlesex Advertiser; The Rock; The St. Andrew's Gazette; The West Cork Eagle; The Portsmouth Times; The Tunbridge Wells Gazette; The North British Daily Mail; The South London Press; The Warrington Express; etc.

\* \* \* We shall be greatly obliged if correspondents forwarding newspapers will kindly mark the passages to which it is desired to direct attention.

## COMMUNICATIONS, LETTERS, etc., have been received from:—

Dr. W. H. Broadbent, London; Dr. T. Clifford Allbutt, Leeds; Dr. J. Milner Fothergill, London; Dr. A. Robertson, Glasgow; Dr. G. H. Philipson, Newcastle-upon-Tyne; Dr. Eustace Smith, London; Dr. A. Hughes Bennett, London; Dr. Prall, West Malling; Dr. Rawdon, Liverpool; Dr. Thorowgood, London; Dr. John Martin, Belfast; Mr. C. Steele, Clifton; Mr. John A. Norton, Bristol; Dr. Heywood Smith, London; Surgeon-Major Porter, Woolston; Mr. G. E. C. Jackson, London; Mr. Erasmus Wilson, London; Dr. Tripe, Hackney; Mr. James Elliott, Middlesbrough; Mr. Bisshopp, Tunbridge Wells; Dr. Gowers, London; W.; The Registrar-General of England; Mr. Balmanno Squire, London; The Secretary of the Harveian Society; Dr. T. Clay Shaw, Banstead; Dr. Cobbold, London; Dr. Cayley, London; The Registrar-General of Ireland; Dr. Mackay, Manchester; Dr. Lowe, King's Lynn; The Secretary of Apothecaries' Hall; Mr. Greene, Birmingham; Mr. H. Sewill, London; Dr. L. W. Marshall, Nottingham; The Secretary of the Hunterian Society; Dr. W. Squire, London; Mr. W. Square, Plymouth; Dr. G. H. Evans, London; Dr. Ord, London; Mr. T. Holmes, London; Dr. W. Fairlie Clarke, Southborough; Invicta; Mr. A. Pullar, London; Mr. R. S. Fowler, Bath; Dr. E. C. Board, Clifton; Dr. Hardwick, Sheffield; Dr. Drysdale, London; Mr. Harper, Holbeach; Dr. Daly, London; Mr. McMunn, Manchester; Dr. Sheen, Cardiff; An Old Associate; M. B.; Mr. Hugh Robinson, Preston; M. R. C. S. Eng.; Our Edinburgh Correspondent; Mr. G. Eastes, London; The Secretary of the Epidemiological Society; Dr. Edis, London; Mr. Roberts, Coningsby; The Secretary of the Royal Medical and Chirurgical Society; Mr. Hamilton Cartwright, London; Dr. Thomson, Peterborough; Mr. Langdon, Southampton; Mr. H. Burdett, Greenwich; Mr. C. Rothwell, Bolton; Dr. Levinge, Limerick; Dr. Goodchild, Leamington; Mr. Vincent Jackson, Wolverhampton; Dr. J. L. Hamilton, London; Dr. Lauder Lindsay, Perth; Mr. George Brown, London; Dr. J. C. Reid, Newbiggin; Our Dublin Correspondent; Dr. A. M. Alcock, Innishannon; Mr. A. Hodgkinson, Manchester; Mr. Jonathan Hutchinson, London; Dr. Joseph Rogers, London; Dr. Bloxam, London; Dr. Charles Hogg, London; Dr. H. Donkin, London; Mr. George Groves, London; Mr. Wickham Barnes, London; A Competitor; Dr. Hitchcock, Lewisham; X. Y.; Dr. W. F. Wade, Birmingham; Mr. E. Mockett, St. Ives; Mr. Bushell Anningsen, Cambridge; Dr. Byrom Bramwell, Newcastle-upon-Tyne; Mr. F. W. Strugnell, London; Mr. Russell Steele, Sandwich; Dr. Goldie, Leeds; Dr. Aitken, Netley; L.R.C.P. Ed.; etc.

## BOOKS, etc., RECEIVED.

Atlas of Skin-Diseases. By Tilbury Fox, M.D., F.R.C.P. London; J. and A. Churchill. 1877.  
Vivisection. By George Macilwain, F.R.C.S. London: Hatchards. 1877.